

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/CA 2005/000701
International Application No.

06 MAY 2005 06052005
International Filing Date

PCT/CA
Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) PAT 2295W-90

Box No. I TITLE OF INVENTION SPLIT-CHANNEL ANTIFUSE ARRAY ARCHITECTURE	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SIDENSE CORP. 349 Terry Fox Drive Kanata, Ontario, K2K 3V6 CANADA	Telephone No. Facsimile No. Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) KURJANOWICZ, Wlodek 56 Sherring Crescent Ottawa, Ontario K2K 2T1 CANADA	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
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<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) HUNG, Shin BORDEN LADNER GERVAIS LLP World Exchange Plaza 100 Queen Street, Suite 1100 Ottawa, Ontario, K1P 1J9 CANADA	Telephone No. 613-237-5160 Facsimile No. 613-787-3558 Teleprinter No. Agent's registration No. with the Office
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☐ This person is also inventor

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☐ all designated States

☒ all designated States except the United States of America

☐ the United States of America only

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☒ applicant and inventor

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